

City of Newton



Setti D. Warren  
Mayor

HEALTH AND HUMAN SERVICES DEPARTMENT  
Linda Walsh, Interim Commissioner  
1000 Commonwealth Avenue  
Newton, MA 02459-1544  
Telephone 617.796.1420 Fax 617.552.7063  
TDD/TTY 617.796.1089



**APPLICATION PERMIT TO OPERATE A FOOD ESTABLISHMENT**

DATE: \_\_\_\_\_

NAME OF ESTABLISHMENT: \_\_\_\_\_

ADDRESS OF ESTABLISHMENT: \_\_\_\_\_ NEWTON, MA ZIP: \_\_\_\_\_

PHONE NUMBER AT ESTABLISHMENT: \_\_\_\_\_

ARE YOU A CATERER?

YES ☐ NO ☐

DO YOU SELL CONTAINERS OF MILK?

YES ☐ NO ☐

NUMBER OF SEATS AUTHORIZED BY COMMON VICTUALLER LICENSE: \_\_\_\_\_

**SEE GUIDELINES ON THE BACK PAGE FOR INSTRUCTIONS AND FEE SCHEDULE**

NAME AND TITLE OF APPLICANT: \_\_\_\_\_ PHONE: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

OWNER'S HOME ADDRESS: \_\_\_\_\_

OWNER'S HOME / CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CORPORATE NAME: \_\_\_\_\_

CORPORATE CONTACT PERSON: \_\_\_\_\_

CORPORATE ADDRESS: \_\_\_\_\_

CORPORATE PHONE: \_\_\_\_\_

▪ IF CORPORATE, ATTACH A LIST OF OFFICERS NAMES, ADDRESSES AND PHONE NUMBERS

EMERGENCY CONTACT: \_\_\_\_\_ 24 HOUR TELEPHONE #: \_\_\_\_\_

PURSUANT TO M.G.L. CH. 62C, SEC. 49A, I CERTIFY UNDER THE PENALTIES OF PERJURY THAT I, TO MY BEST KNOWLEDGE AND BELIEF, HAVE FILED ALL STATE TAX RETURNS AND PAID ALL STATE TAXES REQUIRED UNDER LAW.

**APPLICATION MUST BE COMPLETELY FILLED OUT WITH A FEE PAYABLE TO THE "CITY OF NEWTON". LICENSE WILL BE MAILED DIRECTLY TO THE ESTABLISHMENT.**

FOOD ESTABLISHMENT FEE ENCLOSED: \$ \_\_\_\_\_

\$10.00 MILK LICENSE FEE: \$ \_\_\_\_\_

**FEDERAL IDENTIFICATION NUMBER**

TOTAL ENCLOSED: \$ \_\_\_\_\_

**SIGNATURE OF INDIVIDUAL CORP / OFFICER**

**IMPORTANT NOTE: SEE OTHER SIDE OF THIS FORM**

Email: [lwalsh@newtonma.gov](mailto:lwalsh@newtonma.gov)

## FOOD ESTABLISHMENT GUIDELINES

To obtain your permit to operate a Food Service Establishment or Retail Food Establishment, you must submit:

- A completed application. Please note that any missing information may cause a delay in the decision making process / permit renewal.
- A Copy of your Certified Food Management Training and Allergy Awareness Certificate (for risk categories 2 – 5 only).
- Equipment evaluation report from Heating, Ventilation and Air Conditioning (if applicable).
- Permit fee as indicated on the application label or as discussed with Environmental Health Specialist.
- You must notify the Health & Human Services Department if you have changed or intend to change any procedures. Items such as smoking of foods, vacuum packaging, and using acidification as a means of food preservation or serving raw or undercooked items are Special Processes and require additional information. You must submit proper plans and information to the Health and Human Services Department for review and approval before undertaking any changes.
- Food Service Establishments with 25 or more seats are required to have an employee trained in Anti-Choking Procedures at all times the establishment is open to the public.

\*A caterer is anyone who prepares, and serves food at a location other than the one listed on their permit, or prepares, transports and serves food at another location.

**Fees are based on risk categories the Department has assigned to each establishment. If you have any questions, please call the Health and Human Services Department at 617-796-1420. Fee schedule is listed below.**

<b>Risk Category 1</b>	<b>\$50.00</b>
<b>Risk Category 2</b>	<b>\$150.00</b>
<b>Risk Category 3</b>	<b>\$250.00</b>
<b>Risk Category 4A (Restaurant)</b>	<b>\$300.00</b>
<b>Risk Category 4B (Retail)</b>	<b>\$400.00</b>
<b>Risk Category 5 (Special Process)</b>	<b>\$400.00</b>

**MAKE CHECK PAYABLE TO “CITY OF NEWTON”. ALL FEES ARE NONREFUNDABLE.**

**THE HEALTH AND HUMAN SERVICES DEPARTMENT IS OPEN ON TUESDAY EVENINGS UNTIL 8 PM.**

Updated 6/9/14  
F/Environmental Section/All PDF